



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**

COMMONWEALTH OF KENTUCKY
2545 Lawrenceburg Road, Frankfort KY 40601
Phone: (502) 564-8963 Fax: (502) 564-4687



**APPLICATION FOR EMERGENCY MEDICAL TECHNICIAN BASIC
CHALLENGE CANDIDATE**

(For out-of-state, Out-of-Country, or the current KY Certified EMT-B who Desires NREMT-B Registration)

Fill in all Blanks that Apply:

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Email address: _____

EMT-Basic Course Completion Date: _____ Date of application: _____

☐ Based on 1994 EMT-B DOT National Std. Curriculum; ☐ Based on 1984 or earlier DOT EMT-B National STD. Curriculum

Certification Status (Check and complete all that apply):

PLEASE ATTACH A COPY OF EACH OF YOUR CREDENTIALS

☐ National Registry of EMTs (Reg. # _____ Exp. Date _____)*

☐ Other State _____ (Cert./Lic. # _____ Exp. Date _____)*
(State)

☐ Other Country _____ (Cert./Lic. # _____ Exp. Date _____)*
(Country)

☐ Military DOT Course (Active Duty)

☐ Military DOT Course Date of Discharge _____ (attach copy of discharge order)*

☐ Federal Agency EMT-B Seeking KY EMT-B Certification (Cert./Lic. # _____ Exp. Date _____)*

Has candidate completed a Transitional, Update or Bridge Program Based on the 1994 EMT Basic National Standard Curriculum?

☐ Not Applicable (EMT Basic Course was 1994 NSC)

☐ Yes * ☐ No

☐ Evidence of Current CPR Training attached*

*Attach a copy of the indicated credentials. Also, if you will be answering yes to any questions on page 2 of the Application for EMT-B Initial Certification, please submit supporting documentation as soon as possible for review, so that it can be determined how it will affect your certification status.

Office Use Only:

Check# _____

M.O.# _____

Amount \$ _____

Date Cert. _____

Cert. # _____

Exp. Date _____